



# Training in the Pacific for the Pacific

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Dr Shereen Aiyub studied medicine at Punjab University in Pakistan and returned to Fiji in November 2000. Seeing numerous patients suffering from vision disabilities, she realised that many people in Fiji would remain blind, or live with low vision, if eye health services were not more widely available. This prompted her to specialise in ophthalmology and she has been working in the Eye Department at Colonial War Memorial Hospital in Suva since 2005. She is completing her ophthalmology training at PEI this year (MMed) and eventually hopes to specialise in orbital and vitreo-retinal surgery (Pacific countries currently rely on visiting teams for this service), and would also like to train other eye health workers.



Dr Aiyub

The Pacific Eye Institute (PEI), which enrolled its first cohort of students in 2006, is the Pacific's first training facility in eye health outside Papua New Guinea. The Institute was established and is funded by The Fred Hollows Foundation NZ. The aim of the Institute is to provide appropriate eye care training as well as postgraduate sustainable support and encouragement for local eye care professionals – both doctors and nurses.

PEI also receives support from NZAID, because it is building the capacity of local Pacific people to meet our own health needs and prevent disability. The Institute's location in Suva makes it accessible to all Pacific Island countries and provides a great boost to the region in terms of blindness prevention. It also provides a free clinical service for local people in Suva and the surrounding region.

The Pacific Eye Institute develops its programmes in consultation with the relevant Ministries of Health to ensure the appropriate number of people are trained and retained in eye health in the region. Before being accepted into the courses, candidates obtain agreement from their home government, not only to recognise their resulting qualification, but also to map out a career path for graduates and acknowledge the importance of improving the capacity of national eye health services. In return, we are required to make a commitment to provide eye care in a public health setting when we return home.

A key feature of PEI is appropriate training. We are trained to provide eye care in Pacific conditions through courses tailored to the region's particular eye health planning needs. This means, amongst other things, that we learn to use the equipment we will work with in our home countries. We also see the same pathology most commonly presenting around the Pacific. Most importantly, we are able to operate on patients (which may not be possible if we were training in New Zealand or Australia due to registration restrictions). During the course of the one year Diploma of Ophthalmology, students have to perform 100 cataract operations. This allows for most complications that may occur during surgery to arise and be dealt with under the supervision of trainers. Similarly, we have set

numbers of refractions to log, as well as other procedures.

As a practical component of my course, I attended a number of surgical outreach tours under the supervision of Dr John Szetu, the Director of PEI. These outreaches have the dual benefit of providing students with valuable clinical and surgical experience under supervision, as well as making eye health services available to remote Pacific populations. One such outreach was to Gizo in the Solomon Islands. It was an extraordinary experience as we were the first surgical team to visit Gizo after its devastating earthquake and tsunami in April 2007. When I met the patients at the Gizo Hospital, I witnessed such hope in their faces because our team had come to restore their sight and improve the quality of their lives. During our one week visit many patients had their sight restored as the small dedicated team worked through extreme temperatures and in makeshift conditions in the hospital which had only just survived the tsunami.

During another outreach, to Sigatoka in Fiji, we saw a 62-year old grandmother from the family of a village chief. She had been blind for 15

years with cataracts in both eyes and was completely dependent on her family for care. She wanted to see her grandchildren and this prompted her to visit the outreach clinic. She was delighted to return to her village, able to see her family and once again take part in the rituals of village life, as a member of the chief's family.

Outreach surgical service is an important aspect of training for Pacific ophthalmology because it is one way of overcoming the difficulties of inadequate patient access to health services. It requires a great deal of organisation, not just for transporting equipment but also in terms of preparation. Prior to a team arriving, nurses need to have screened patients to ensure a sufficient number are available to warrant the resource-intensive exercise. Transport of patients (to and from the hospital) and follow-up care also have to be arranged. All our surgical outcomes are monitored at PEI, including those conducted during outreach tours. This ensures that we make arrangements to have patients' visual outcomes measured at set intervals after surgery. To do this we work with local doctors and nurses and use their systems so that patients and their own health teams are fully informed about their care. This also avoids creating parallel systems, which may cause confusion and errors in follow up care.

The Pacific region has a population of nearly eight million people scattered across remote islands with often very limited access to health services. An estimated 80,000 people in the region are blind and up to 250,000 suffer from significant vision loss<sup>1</sup>. With up to 80 per cent of visual impairment being either avoidable or treatable, these numbers can be reduced significantly with sufficient, appropriately trained personnel and resources. The Pacific region requires 80 eye doctors and around 300 eye nurses or eye technicians to provide appropriate ophthalmic and optometric services and primary eye care<sup>2</sup>. The Pacific Eye Institute is working to help fulfil this requirement, but in keeping with each country's human resource for health plans.

<sup>1</sup> These figures are extrapolated from prevalence studies in Papua New Guinea

<sup>2</sup> This is based on research and experience in running a comprehensive eye health programme in Vanuatu.

Having a regional training centre makes ophthalmology far more affordable and accessible for Pacific doctors. Many Pacific doctors have little hope of winning scholarships to undertake postgraduate training overseas. So the fact that PEI's postgraduate diploma, awarded by the Fiji School of Medicine, is available locally enables those of us wanting to specialise in ophthalmology to progress our careers and provide quality eye care to Pacific people. Since graduating and returning to the Eye Department at Suva's Colonial War Memorial (CWM) Hospital, I feel I have been able to make a real difference to the delivery of quality eye care in my home country. To illustrate this, in 2007, CWM hospital had two eye surgeons and performed 109 cataract surgeries. After I rejoined the eye team in 2008, we performed a total of 186 cataract surgeries; I was responsible for 80 of these. The quality of minor surgeries (lid, pterygium) also improved with greater and satisfying results for the patient (and the doctor!)

Since opening in 2006, the Pacific Eye Institute has trained six doctors and 23 nurses from nine Pacific countries. With a further 10 nurses and three doctors enrolled this year, a sustainable, local eye care workforce in the Pacific is fast becoming a reality.

For more information about the Pacific Eye Institute visit [www.pacificseyeinstitute.org](http://www.pacificseyeinstitute.org)

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Dr Aiyub with patient